PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITT		Application Number	09/805,950		
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date	3/15/01		
		First Named Inventor	Senior, Rodney		
		Art Unit	3625		
		Examiner Name	Robert E. Rhode, Jr.		
	16	Attorney Docket Number	54082/00001		

Total Number of Pages	in This Submission	16	Attorney Docket Number	5408	32/000001
		ENCLO	OSURES (Check all that ap	ply)	
	eclaration(s) e Request ment Request osure Statement Priority	□ □ □ P P □ □ □ T □ □ R	rawing(s) icensing-related Papers retition retition to Convert to a rovisional Application rower of Attorney, Revocation change of Correspondence Address rerminal Disclaimer request for Refund representation of CD(s) Landscape Table on CD		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Postcard
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Typed or printed name	Mary Lou Whitake		<u>, w</u>		Date Aug. 31, 2006

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							PTO/SB/17 (01-06) 3
Under the Paperw	ork Reduction A	ct of 1995, no persons ar	e requi	U.S. Patent red to respond to a collection	Approve and Trademar of information	ed for use through k Office; U.S. DE n unless it displays	07/31/2006. OMB 0651-0032 PARTMENT OF COMMERCE is a valid OMB control number.
Fees pursuant to the Conso	olidated Appropri	iations Act. 2005 (H.R. 4	(818)	Co	mplete If H	Known	
FEE TRANSMITTAL				Application Number	09/805,	950	•
		-	Filing Date	3/15/01			
SEP 0 6 2006 (S) fo	r FY 20	006		First Named Inventor	Senior,	Rodney	/
3E1 0 0 2000 W				Examiner Name	Robert	E. Rhode, J	r.
Applicant classes small	entity status.	See 37 CFR 1.27		Art Unit	3625		
TOTAL AMOUNT OF PA	AYMENT	(\$)60.00		Attorney Docket No.	54082/0	00001	
METHOD OF PAYME	NT (check all	that apply)					
Check Credi	t Card	Money Order	None	e Other (please ide	entify):		
Deposit Account	Deposit Accoun	t Number: 19-1351		Deposit Account N	ame: Seyfart	h Shaw LLP	
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1. BASIC FILING, SE				A			
	FILING		SEAR	CH FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	,
2. EXCESS CLAIM FI				-	•	•	Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (in						50	25
Each independent clair	,	luding Reissues)				200	100
Multiple dependent cla Tota <u>l Claims</u>	aims Extra Cla	nims Fee (\$)	For	es Paid (\$)		360 Multiple Der	180 pendent Claims
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3. APPLICATION SIZ		as avaged 100 shap	te of r	paper (excluding electr	onically fil	ed cogneroe o	ar computer
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4. OTHER FEE(S)			- '''		=-/		Fee Paid (\$)
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Other (e.g., late fi	ling surcharg	e): 1 month extensi	on fe	e			60.00
SUBMITTED BY	- 100						
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Nama (Print/Type)	مخب ليري			(Attorney/Agent)			9/24/06
Name (Print/Type) Bria	n S. Clise					I Date 0	8/31/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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